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Bib Data Sheet

CONFIRMATION NO. 9672

<b>SERIAL NUMBER</b> 10/508,762	<b>FILING OR 371(c) DATE</b> 09/22/2004 <b>RULE</b>	<b>CLASS</b> 034	<b>GROUP ART UNIT</b> 1734	<b>ATTORNEY DOCKET NO.</b> X-15632
<b>APPLICANTS</b> Joseph Anthony Jakubowski, Indianapolis, IN; Thurman Dwight McKinney, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/08457 03/27/2003 <i>MT</i>				
<b>** FOREIGN APPLICATIONS *****</b> <u>UNITED STATES OF AMERICA 60371650 04/10/2002</u> <i>MT</i> NO FOREIGN APPLICATIONS <i>MT</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 15
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 25885				
<b>TITLE</b> Treatment of gastroparesis				
<b>FILING FEE RECEIVED</b> 125	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	